Case 17-24995-CMB Doc 69 Filed 11/09/18 Entered 11/09/18 14:11:54 Desc Main Document Page 1 of 4 IN THE UNITED STATES BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In Re:	: Bankruptcy No. 17-24995 CMB
Van C. Jacobs aka Vance C. Jacobs, fdba Jacobs Trucking, and Phyllis E. Jacobs,	: Chapter 13
Debtors.	Document No.
Van C. Jacobs aka Vance C. Jacobs, fdba Jacobs Trucking, and Phyllis E. Jacobs,,	· : :
Movants,	· :
VS.	· :
No Respondents.	
AMENDMENT	COVER SHEET
Amendment(s) to the following petition, list(s), so	chedule(s), or statement(s) are transmitted herewith:
Voluntary Petition Specify reason for an	nendment:
Official Form 6 Schedules Summary of Schedules Schedule A/B - Property (Added vehicle Schedule C - Property Claimed as Exem Schedule D - Creditors Holding Secured Check one:	e-2016 Toyota 4Runner)
No creditor(s) add Creditor(s) delete Schedule E/F - Creditors Holding Unsec Check one: Creditor(s) added No creditor(s) added	cured Claims (Submit electronically w/amendment) ded
Creditor(s) delete Schedule G - Executory Contracts and U Check one: Creditor(s) added No creditor(s) added Creditor(s) delete Schedule H - Codebtors	Jnexpired Leases (Submit electronically w/amendment) ded
	· ·

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			Document Pa	age 2 of 4				
	Chapter 11 List	of Equity S	Security Holders	3				
	Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims							
	Disclosure of Co	mpensatio	on of Attorney for I	Debtor(s)				
	Other:	_						

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Fed.R.Bankr.P. 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the U.S. Trustee, the trustee in this case, and to entities affected by the amendment(s) as follows: **Clerk's Mailing Matrix**

Date: November 9, 2018

/s/ Daniel R. White

Daniel R. White PA I.D. No. 78718 Zebley Mehalov & White, P.C. P. O. Box 2123 Uniontown, PA 15401 Email: dwhite@Zeblaw.com (724) 439-9200

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Fill in this information	to identify your case:	
Debtor 1	Van C. Jacobs	_
Debtor 2 (Spouse, if filing)	Phyllis E. Jacobs	_
United States Bankru	ptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA	_
	7-24995 CMB	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Forn	<u>1 106l</u>	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Describe Employment								
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse					
	If you have more than one job,		■ Employed	☐ Employed					
	attach a separate page with information about additional	Employment status	☐ Not employed	■ Not employed					
	employers.	Occupation	Dispatcher	Retired					
	Include part-time, seasonal, or self-employed work.	Employer's name	Star Logistics						
	Occupation may include student or homemaker, if it applies.	Employer's address	Southpoint Canonsburg, PA 15317						
		How long employed the	nere? 2 Weeks						

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 4,167.00 deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 4,167.00 0.00

Official Form 106I Schedule I: Your Income page 1

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	otor 1 otor 2	Van C. Jacobs Phyllis E. Jacobs	_		Case	e number (if kno	vn)	17-2	4995 C	МВ	
	Con	y line 4 here	4.		Fo:	r Debtor 1	00		Debtor i-filing s		
	·				Ψ-	4,107.		Ψ_		0.00	_
5.		all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	58		\$_	625.		\$_		0.00	
	5b.	Mandatory contributions for retirement plans	5k		\$_		00	\$_		0.00	
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	50 50		\$_ \$	0.0	00	\$ \$		0.00	_
	5e.	Insurance	56		\$ -	0.0		\$ _		0.00	
	5f.	Domestic support obligations	5f		\$-	0.0		\$-		0.00	_
	5g.	Union dues	50		\$	0.0		\$		0.00	_
	5h.	Other deductions. Specify:		1.+	\$		00 -	+ \$ _		0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	 6.		\$	625.	00	\$		0.00	_)
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	3,542.	00	\$		0.00	_)
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88	a .	\$	0.		\$		0.00	_
	8b.	Interest and dividends	8k		\$		00	\$_		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	c .	\$	0.0		\$		0.00	_
	8d.	Unemployment compensation	80	d.	\$	0.0		\$		0.00	
	8e.	Social Security	86	€.	\$	1,016.		\$		814.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	e 8f 8g		\$_ \$	0.· 0.·		\$_ \$		0.00	
	8g. 8h.	Other monthly income. Specify:	-	ا. ۲.+	\$ _		_	+ \$ [—]		0.00	
	011.		_ "	···	Ψ_	0.		`		0.00	<u>,</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	1,016.	00	\$_		814.0	00
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$		4,558.00 +	\$	- 1	314.00	= \$	5,372.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		*-		4,000.00	* -		314.00		0,01 2.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify:	dep					-	Schedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							. 12.	\$Comb	5,372.00
	_		_							month	ly income
13.	Do y	vou expect an increase or decrease within the year after you file this form No. Yes. Explain:	?								